

**RECEIVED**

NOV 17 2011

**Application for License to  
Operate a Long-term Care Facility**For Office Use Only  
Received 11/17/11  
Amount 2670.00OFFICE OF INSPECTION  
**IDENTIFICATION**

HCR ManorCare #5864875

Name Christopher East Health Care Center

Address 4200 Brown's Lane

City/County/Zip Louisville, Jefferson, KY

Telephone number 502-459-8900

Administrator Jane Bibb-Williams

Date facility operation began at current address 1970

Date facility began operation under current owner 12/21/07

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u>                    </u>	<u>                    </u>
Nursing Home	<u>178</u>	<u>                    </u>
Nursing Facility	<u>                    </u>	<u>                    </u>
Intermediate Care	<u>                    </u>	<u>                    </u>
ICF/MR	<u>                    </u>	<u>                    </u>
Personal Care	<u>                    </u>	<u>                    </u>

## II. CONTROL (check one in each column)

State                     

County                     

City                     

☒ Private

☒ Profit

☐ Nonprofit

Individual

Partnership

☒ Corporation - LLC

## II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

Christopher East Health Care Center of Louisville KY, LLC

333 North Summit Street

Toledo, OH 43604-2615

(OVER)

If facility owned or leased by a corporation, complete the following:

Name of corporation Christopher East Health Care Center of Louisville KY, LLC

Address of corporation 333 North Summit Street, Toledo, OH 43604-2615

President or Chairman David Parker

Vice President Barry A. Lazarus

Secretary Matthew S. Kang

Treasurer Matthew S. Kang

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility. Please see attached.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation. Please see attached.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent  
HCR ManorCare, LLC

333 North Summit Street  
Toledo, OH 43604-2615

Management Company  
N/A

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

Barry A. Lazarus  
Signature of authorized representative

Barry A. Lazarus

Vice President

Title

11/3/11

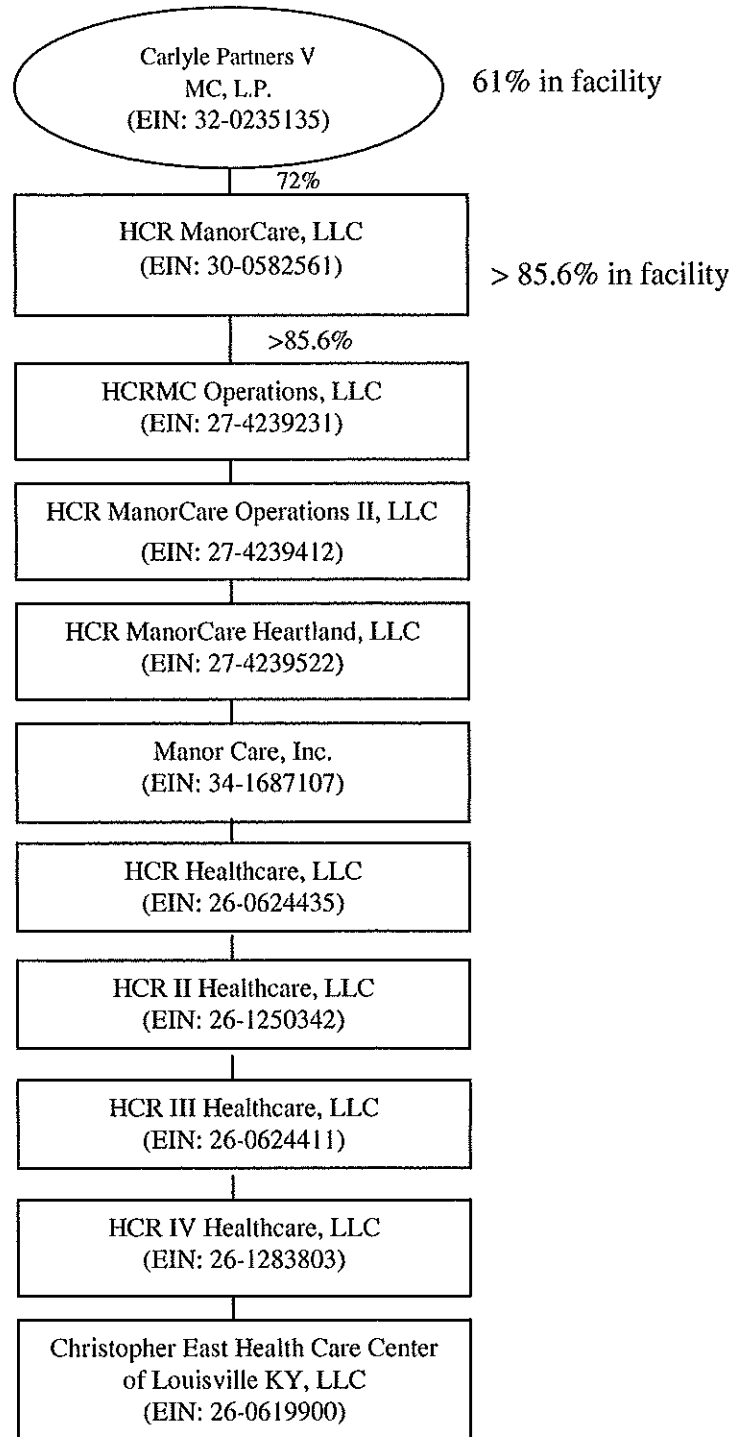
Date

Return Application and fee to:

Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621

OIG 5  
(10/2002)

**Christopher East Health Care Center of Louisville KY, LLC**  
**Ownership Structure of 25 % or more**



Each entity has 100% direct or indirect ownership in the facility except as otherwise indicated.

Address for Carlyle Partners V MC, L.P. is:  
1001 Pennsylvania Avenue, NW., Suite 220  
Washington, DC 20004

Address for all other entities is:  
333 North Summit Street  
Toledo, OH 43604

<b>Officers &amp; Directors</b>	
<b>Entity Name</b>	Christopher East Health Care Center of Louisville KY, LLC

<b>Name</b>	<b>Title</b>
Kang, Matthew S.	Director, Secretary & Treasurer
Hoops, Kathryn S.	Director, Vice President
Lazarus, Barry A.	Director, Vice President
David B. Parker	President
Godla, Larry R.	Vice President
Spencer, Steven D.	Vice President
Kile, Thomas R.	Assistant Treasurer

**Address for all is:**  
 333 North Summit Street  
 Toledo, OH 43604-2615  
 ph: 419-252-5500